



Step 1: Identify your business

Station no. 071

1 Illinois Business Tax number (IBT no.): _____

2 Account no.: **L Q** - _____

3 Name: _____

4 Address: _____
Number and street

City State ZIP

5 Tax period: _____
Month Year6 Check your business type: ☐ Importing distributor ☐ Manufacturer7 ☐ Check here if your address has changed.8 Is this a final return? ☐ yes ☐ no
"Final" indicates you will no longer conduct business. If you
checked "yes," complete the following information:
☐ I **discontinued** my business on _____.
☐ I **sold** my business on _____.

If you checked "sold," provide the new owner's name and address:

Name: _____

Address: _____

Step 2: Figure your tax due - *Figures as they should have been reported*

		Cider 0.5% to 7% or Beer	Alcoholic liquor 14% or less	Alcoholic liquor > 14% - < 20%	Alcoholic liquor 20% or more
9 Inventory of liquor on hand at the beginning of the month	9	_____	_____	_____	_____
10 Liquor manufactured, rectified, blended, or bottled during the month	10	_____	_____	_____	_____
11 Liquor purchased in original containers					
a Imported into Illinois (Schedule A)	11a	_____	_____	_____	_____
b Purchased in Illinois - tax not paid (Schedule F)	11b	_____	_____	_____	_____
c Purchased or returned - tax paid (Schedule G)	11c	_____	_____	_____	_____
12 Add Lines 9 through 11c	12	_____	_____	_____	_____
13 Sales in interstate commerce, foreign trade, etc. (Schedule C)	13	_____	_____	_____	_____
14 Sales to manufacturers or importing distributors (Schedule B)	14	_____	_____	_____	_____
15 Sales to non-beverage users (Schedule E)	15	_____	_____	_____	_____
16 Bottling losses (Schedule J)	16	_____	_____	_____	_____
17 Other deductions (RL-115)	17	_____	_____	_____	_____
18 Sales to authorized U.S. government agencies in Illinois (Schedule N)	18	_____	_____	_____	_____
19 Inventory of all liquor on hand at the end of the month	19	_____	_____	_____	_____
20 Add Lines 13 through 19. Total deductions	20	_____	_____	_____	_____
21 Subtract Line 20 from 12. Total gallons sold.	21	_____	_____	_____	_____

(Copy these amounts to Line 21 on the back of this return.)



Step 2: Figure your tax due (continued) - Figures as they should have been reported

		Cider 0.5% to 7% or Beer	Alcoholic liquor 14% or less	Alcoholic liquor > 14% - < 20%	Alcoholic liquor 20% or more
21	Subtract Line 20 from 12. Total gallons sold. (Copy from the front of this return.)	21			
22	Deduct credit for liquor purchased or returned tax-paid - Line 11c	22			
23	Subtract Line 22 from 21. Quantity sold subject to tax.	23			
24	Tax rate per gallon - Tax periods on and after 7/1/99	24	\$.185	\$.73	\$.73 \$ 4.50
25	Multiply Line 23 by 24. Tax due for each liquor class.	25			
26	Add all columns' Line 25. Total tax due.	26			
27	If you timely file & pay electronically, multiply Line 26 by the appropriate rate. See instructions.	27			
28	Subtract Line 27 from 26.	28			
29	Credit you want to apply.	29			
30	Subtract Line 29 from 28. This is your net tax due.	30			
31	Total amount you have paid for this reporting period.	31			
32	If Line 31 is greater than Line 30, subtract Line 30 from Line 31. This is your overpayment amount.	32			
33	If Line 31 is less than Line 30, subtract Line 31 from Line 30. This is the amount you owe.	33			

Step 3: Check the reason you are filing this amended return

- ☐ I received a Notice of Possible Overpayment or made a computation error that resulted in an overpayment of tax.
- ☐ I made a computation error that resulted in underpayment of tax.
- ☐ I made an error on a schedule or attachment.
- ☐ I should have taken a deduction for _____.
- ☐ The original IBT no. was incorrect. The incorrect IBT no. is _____.
- ☐ The original reporting period was incorrect. The incorrect reporting period is _____.
- ☐ Other. Please explain. _____

Step 4: Sign below

Under penalties of perjury, I state that I have examined this return, all accompanying schedules, and, to the best of my knowledge, it is true, correct, and complete. I also state that such information is taken from the books and records of the business for which this return is filed.

_____ Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title)	Title: _____ Telephone number (include area code) _____	_____ Date
_____ Preparer's signature and title (state if individual owner, member of firm, or corporate officer title)	Title: _____ Telephone number (include area code) _____	_____ Date

Step 5: Mail your return

Mail your completed return and attachments to



**LIQUOR AND CIGARETTE TAX SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19019
SPRINGFIELD IL 62794-9019**